



P.O. Box 408 • Leo, Indiana 46765  
phone 260.627.6321 / fax 260.627.0471

# Board Of Zoning Appeals Application

FOR OFFICE USE ONLY

Petition BZA \_\_\_\_\_

Public Hearing Date \_\_\_\_\_

Fees \$ \_\_\_\_\_

## 1. Applicant/Property Owner:

### Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## 2. Applicant's Attorney/Contact Person and Project Engineer (if any):

### Attorney/Contact Person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Project Engineer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## 3. Board of Zoning Appeals Classification: (Check the appropriate box. Please indicate the number of each action requested)

☐ Variance of Development Standards: \_\_\_\_\_ ☐ Variance of Use: \_\_\_\_\_

☐ Special Exception: \_\_\_\_\_ ☐ Administrative Appeal: \_\_\_\_\_

## 4. Project Information:

Address of Property: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

## 5. Applicable Ordinance Section Number(s): (Please indicate ALL applicable Zoning Ordinance Section Numbers for your Petition including Article, Section, and Page Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Attachments:

- |   |   |
|---|---|
| <input type="checkbox"/> Legal description of property                            | <input type="checkbox"/> Proof of ownership (Warranty Deed)       |
| <input type="checkbox"/> Authorization from Owner (if Applicant is not the Owner) | <input type="checkbox"/> List of Interested Parties               |
| <input type="checkbox"/> Completed Findings of Facts (7 Copies)                   | <input type="checkbox"/> Letter of Intent (7 Copies)              |
| <input type="checkbox"/> Statement of Commitments-if any (7 Copies)               | <input type="checkbox"/> Completed Notice of Public Hearing Sheet |
| <input type="checkbox"/> 7 FOLDED copies of proposed plans (if applicable)        | <input type="checkbox"/> Application Fee                          |

The undersigned, have been duly sworn on the oath states the above information it true and correct as (s)he is informed and believes.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of Indiana )

County of Allen ) SS:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed

Residing in \_\_\_\_\_ County

My Commission expires \_\_\_\_\_